



# Thelma K. Reisman Preschool of Beth-El

222 Irvington Avenue, South Orange, NJ 07079 973-763-0113

## 2010 - 2011 Preschool Application

Date of Application \_\_\_\_\_ Deposit Amount Enclosed \$ \_\_\_\_\_

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Child's Birth date \_\_\_/\_\_\_/\_\_\_ Sex M / F Current Class or School \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Family e-mail \_\_\_\_\_

Siblings

Name	Age	Name	Age	Name	Age

**Parent #1** Beth El Member Y / N

Name (first last) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
(If different from child)

Phones (H) \_\_\_( ) \_\_\_\_\_  
(W) \_\_\_( ) \_\_\_\_\_  
(C) \_\_\_( ) \_\_\_\_\_

Marital Status S / M / D / W / Sep

**Parent #2** Beth El Member Y / N

Name (first last) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
(If different from child)

Phones (H) \_\_\_( ) \_\_\_\_\_  
(W) \_\_\_( ) \_\_\_\_\_  
(C) \_\_\_( ) \_\_\_\_\_

Marital Status S / M / D / W / Sep

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

**Emergency Contacts (Other than parents)**

Contact #1 Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phones (Home, Work, Cell) ( ) \_\_\_\_\_  
(Home, Work, Cell) ( ) \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_

Contact #2 Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phones (Home, Work, Cell) ( ) \_\_\_\_\_  
(Home, Work, Cell) ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_

**Program (Please check and circle days where appropriate):**

___ 2 Day 2's (Tuesday, Thursday)	___ 3 Day 3's (Monday, Wednesday, Friday)	___ 5 Day 4's (M, T, W, Th, F) (9 -12p)
___ 3 Day 2's (Monday, Wednesday, Friday)	___ 4 Day 3's (M, T, W, Th, F) (circle days)	
	___ 5 Day 3's (M, T, W, Th, F) (circle days)	

**Add Ons (For 3's, 4's)** Breakfast Club (circle): M T W Th F Afternoon Enrichment: 12:00-2:30 M T W Th F

Please see back. Terms of enrollment must be signed.

# Terms of Enrollment

## Payment/Refund Policy

A \$250 deposit is due with registration. This deposit includes a non-refundable \$50 bookkeeping fee and \$200 to be applied to the tuition.

Tuition is due in full by September 1, 2010 or arrangements must be made with the Preschool Director before September 1.

## Termination of enrollment

If the registration is cancelled prior to March 1, 2010, only the \$200 tuition deposit will be returned.

If the registration is cancelled prior to April 15, 2010, only \$100 of the tuition deposit will be returned.

If the registration is cancelled after April 15 there will be no return of the deposit.

Once the school year has begun, if a child is withdrawn from the program prior to December 31, 2010, half the tuition (less the \$200 deposit) will be returned.

If a child is withdrawn after December 31, 2010, there will be no refund of tuition.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Miscellaneous

1. I give permission for my child to participate in all school activities.
2. Every child must have completed medical forms, signed by the physician, including immunization records, on file in the Preschool office before the child enters the program.
3. No refunds for school closings necessitated by health, safety, inclement weather, holidays, or any other emergency will be provided.

I have read and agree to the above terms: \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature